

PATENT



ATTORNEY DOCKET NO. CSHL.005.01US

Receipt

In re application of: **Roberto Malinow et al.**

Serial No.: **09/353,126**

Filed: **July 14, 1999**

For: **DIAGNOSTIC METHODS FOR DRUG
SCREENING FOR ALZHEIMER'S
DISEASE**

)
) Examiner: Not yet assigned
)
) Art Unit: 1645
)
) **2ND REQUEST FOR**
) **CORRECTION OF FILING**
) **RECEIPT**

JUL 13 2000

Application Processing Division - Customer Correction Branch

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

In accordance with 37 C.F.R. §§ 1.53(a), (b) and 1.54(b), please issue a corrected filing receipt for this application. A copy of the incorrect receipt, with the changes noted thereon, is attached for reference. The corrected filing receipt should read:

Rae-Venter Law Group, P.C.

P.O. Box 60039

Palo Alto, CA 9430

This error was committed by the Patent and Trademark Office. As evidence, please find the enclosed copies of the original utility patent application transmittal and the first request for a corrected filing receipt both showing the correct post office box number of **60039**. Accordingly, no fee is believed due. However, if a fee is due, the Director is hereby

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on 6/15/00.

Signature: maureen foster

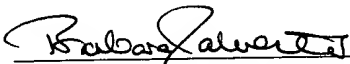
Printed Name: MAUREEN FOSTER

Barbara Rae-Venter, Ph.D.
June 12, 2000
Page 2

authorized to charge any underpayment of the fees associated with this communication,
including any necessary fees for extension of time, or credit any overpayment to our Deposit
Account 18-0020.

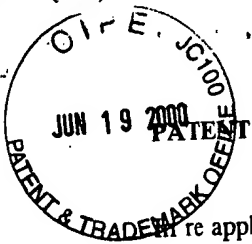
Respectfully submitted,

Dated: June 12, 2000


Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P.O. Box 60039
Palo Alto, CA 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/mfc
Encl.



COPY

ATTORNEY DOCKET NO. CSHL.005.01US
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re application of: Roberto Malinow *et al.*

Serial No.: 09/353,126

Filed: July 14, 1999

For: DIAGNOSTIC METHODS FOR DRUG
SCREENING FOR ALZHEIMER'S DISEASE

)
) Examiner: NYA
) Art Unit: NYA
)

) **REQUEST FOR CORRECTION OF**
) **FILING RECEIPT**
)
)

Application Processing Division - Customer Correction Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with 37 C.F.R. §§ 1.53(a), (b) and 1.54(b), please issue a corrected filing receipt for this application. A copy of the incorrect receipt with the requested change noted thereon is attached for reference. The corrected filing receipt should read:

Applicant(s) ROBERTO MANILOW, COLD SPRING HARBOR, NY; SHAHID ZAMAN, COLD
SPRING HARBOR, NY; SANGRAM S. SISODIA, CHICAGO, IL; DAVID R.
BORCHELT, BALTIMORE, MD; MICHAEL K. LEE, BALTIMORE, MD.

The error was committed after submission of the application to the Patent and Trademark Office. As evidence, please find enclosed a copy of the transmittal showing the correct spelling of Shahid Zaman's name and Cold Spring Harbor.

If a fee is due, the Commissioner is hereby authorized to charge any underpayment of the fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to our Deposit Account (*see* Transmittal).

Respectfully submitted,

Dated: August 20, 1999

Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
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BRV/jsz
Encl.



FILE

PATENT

ATTORNEY DOCKET NO. CSHL.005.01US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Roberto Malinow *et al*

) Examiner: Not yet assigned

Serial No.: Not yet assigned

) Art Unit: Not yet assigned

Filed: July 14, 1999

) **UTILITY PATENT APPLICATION**

For: **Diagnostic Methods for Drug Screening
for Alzheimer's Disease**

) **TRANSMITTAL (37 C.F.R.**

) **§ 1.53(b))**

BOX PATENT APPLICATION

Commissioner of Patents and Trademarks
Washington, D.C. 20231

COPY

Sir:

This is a request for filing a patent application under 37 C.F.R. § 1.53(b) in the name of inventors: Roberto Malinow, Sahid Zaman, Sangram S. Sisodia, David R. Borchelt, and Michael K. Lee

For: **Diagnostic Methods for Drug Screening for Alzheimer's Disease**

This application is a ☒ Continuation [] Divisional [] Continuation-in-part of prior Application No.: 09/193,221 filed November 16, 1998, from which priority under 35 U.S.C. § 120 is claimed.

Application Elements:

14 Pages of Specification, Claims and Abstract

4 Sheets of formal Drawings

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Label No.:

EL288327221US

Date of Deposit:

7/14/99

I hereby certify under 37 C.F.R. 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

(Signature)

ANDREA JOHNSON

(Printed Name)

☒ Declaration

☐ Unexecuted Combined Inventor Declaration and Power of Attorney

☒ Copy from prior application (37 CFR 1.63(d) for a continuation or divisional).

The entire disclosure of the prior application from which a copy of the declaration is herein supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Deletion of inventors Signed statement attached deleting inventor(s) named in the prior application, *see* CFR 1.63(d)(2) and 1.33(b).

Accompanying Application Parts:

☐ Assignment and Assignment Recordation Cover Sheet (recording fee of \$40.00 enclosed)

☐ Power of Attorney

☐ 37 CFR 3.73(b) Statement by Assignee

☐ Information Disclosure Statement with Form 1449

☐ Copies of IDS Citations

☐ Preliminary Amendment

☒ Return Receipt Postcard

☒ Small Entity Statement(s)

☒ Statement filed in prior application.

Status still proper and desired.

☐ Other:

☐ A sequence listing.

☐ paper copy.

☐ computer readable copy.

☐ Statement in Compliance with Requirements for Patent Applications Containing Nucleotide and/or Amino Acid Sequence.

Claim For Foreign Priority

☐ Priority of _____ Application No. _____ filed on _____ is claimed under 35 U.S.C. § 119

☐ The certified copy has been filed in prior application U.S. Application No. 09/193,221

☐ the certified copy will follow.

Extension of Time for Prior Pending Application

- ☐ A Petition for Extension of Time is being concurrently filed in the prior pending application. A copy of the Petition for Extension of Time is attached.

Amendments

- ☒ Amend the specification by inserting before the first line the sentence: "This is a ☒ Continuation ☐ Continuation-in-part ☐ Divisional application of copending prior
- ☒ Application No. 09/193,221 filed on November 16, 1999.
- ☐ International Application _____ filed on _____, which designated the United States, disclosure of which is incorporated herein by reference."
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee

Fee Calculation (37 CFR § 1.16):

	(Col. 1)	(Col. 2)	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>	
<u>FOR:</u>	<u>NO. FILED</u>	<u>NO. EXTRA</u>	<u>RATE</u>	<u>FEE</u>	<u>RATE</u>	<u>FEE</u>
Basic Fee			\$380	\$380	\$760	\$
Total Claims	12	0	\$ 9	\$	\$ 18	\$
Indep Claims	4	1	\$ 39	\$ 39	\$ 78	\$
<input type="checkbox"/> Multiple Dependent Claims			\$130	\$	\$260	\$
Total Filing Fee:				\$419		\$

TOTAL FEES: \$419.00

- ☒ A check including the amount of the above-indicated TOTAL FEES is attached.
- ☐ Please charge Deposit Account No.18-0020 in the amount of \$_____.
- ☐ A check in the amount of \$_____ is attached.
- ☐ No fee is required.
- ☒ Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an

extension of time is still required after all papers filed with this transmittal have been considered.

- ☒ [X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
- ☒ [X] Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- ☒ [X] Any parent application processing fees under 37 CFR 1.17.
- ☒ [X] A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated: July 14, 1999

By: Barbara Rae-Venter
Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

Rae-Venter Law Group, P.C.
P.O. Box 60039
Palo Alto, California 94306
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/kmb
Enclosures

FILE COPY

Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/353,126	FILING DATE 07/14/1999 RULE —	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. CSHL.005.01U
APPLICANTS ROBERTO MALINOW, COLD SPRING HARBOR, NY ; SHAHID ZAMAN, COLD SPRING HARBOR, NY ; SANGRAM S. SISODIA, CHICAGO, IL ; DAVID R. BORCHELT, BALTIMORE, MD ; MICHAEL K. LEE, BALTIMORE, MD ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/193,221 11/16/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/09/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 12
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 5		
ADDRESS RAE-VENTER LAW GROUP P C P O BOX 60039 PALO ALTO ,CA 94306				
TITLE DIAGNOSTIC METHODS FOR DRUG SCREENING FOR ALZHEIMER'S DISEASE				
FILING FEE RECEIVED 458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	